

NYS DEPARTMENT OF STATE

FILING RECEIPT

CERTIFICATE OF ASSUMED NAME

93

CORPORATION NAME

SAMSERV, INC.

DATE FILED

11/17/95

DURATION & COUNTY CODEFILM NUMBER

C229003-2

CASH NUMBER

885782

NUMBER AND KIND OF SHARESLOCATION OF PRINCIPAL OFFICE

39

M.*FRISCH PROCESS SERVICE

ADDRESS FOR PROCESSREGISTERED AGENT

117 REMSEN ST.

BROOKLYN

NY 11201

FEES AND/OR TAX PAID AS FOLLOWS:AMOUNT OF CHECK \$ 00135.00

AMOUNT OF MONEY ORDER \$ _____

AMOUNT OF CASH \$ _____

\$ 00100.00 DOLLAR FEE TO COUNTY

\$ 025.00 FILING

\$ TAX

\$ 10.00 CERTIFIED COPY

\$ CERTIFICATE

FILER NAME AND ADDRESS

TOTAL PAYMENT \$ 0000135.00

LOUIS SROKA

REFUND OF \$

PO BOX 180

OYSTER BAY

NY 11771

TO FOLLOW

DOS-281 (8/84)

ALEXANDER F TREADWELL - SECRETARY OF STATE